

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
**Child Abuse and Neglect Tracking System (CANTS)**  
**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth:  --  --  Gender: ☐ Male ☐ Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code) Dates  
From/To

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please type, use bold letters or label:**

312-603-9909

(Submitting Agency Fax Number)

Tenisha.Wilkins@cookcountyil.gov

(Submitting Email Address)

Department of Adoption & Family Supportive Services

(Agency Name)

Margaret LaRaviere, Director

(Contact Person)

118 N. Clark St., Room 806

(Address)

Chicago, IL 60602

(City/State/Zip)

**Submit by mail OR fax OR email.**

Mail to: Department of Children and Family Services  
406 E. Monroe - Station # 30  
Springfield, IL 62701

FAX to: 217-782-3991

Scan/Email to: CFS689Background@illinois.gov

Print Form